

APPLICATION TO CONSTRUCT A NEW SEPTIC SYSTEM

FEE SCHEDULE: RESIDENTIAL \$75.00 COMMERCIAL/INDUSTRIAL \$150.00

LOCATION: _____ MAP: _____ LOT: _____
NUMBER STREET TOWN

SUBDIVISION NAME: _____ LOT: _____

OWNER NAME: _____ PHONE: _____
ADDRESS: _____

INSTALLER NAME: _____ ENGINEER NAME: _____
ADDRESS: _____ ADDRESS: _____
PHONE NO. _____ PHONE NO. _____
LICENSE NO.: _____ LICENSE NO.: _____

ALL NEW SUBSURFACE SEWAGE DISPOSAL SYSTEMS IN THE TOWN OF ESSEX WILL REQUIRE ENGINEERED DESIGN
UNLESS SPECIAL EXCEPTION IS GRANTED IN WRITING BY THE ESSEX HEALTH DEPARTMENT.
ALL APPLICATIONS MUST BE ACCOMPANIED BY 1 INCH TO 20 FOOT SCALE PROPOSAL DRAWING.

SYSTEM INFORMATION

	RESIDENTIAL
	COMMERCIAL
	SOIL TESTING COMPLETED
	CT DEP APPROVAL
	CT HEALTH DEPT. APPROVAL

NO. OF BEDROOMS	
DESIGN FLOW IN GAL./DAY	
TANK SIZE	
LEACHING SIZE IN SQ. FT.	
LEACHING TYPE	

SPECIAL CONDITIONS:

_____ SELECT FILL _____ FOOTING DRAIN _____ CURTAIN DRAIN
ADDITIONAL SPECIAL REQUIREMENTS:

ALL SYSTEMS WILL REQUIRE:

WELL AND SEPTIC FIELD STAKED BY ENGINEER PRIOR TO START OF CONSTRUCTION
RECORD DRAWING BY ENGINEER PRIOR TO PERMIT TO DISCHARGE

PLAN APPROVAL AND PERMIT TO CONSTRUCT

PERMIT NUMBER: _____ DATE FEE PAID: _____ CK. NO. _____

APPROVAL IS HEREBY GRANTED TO CONSTRUCT A SEPTIC SYSTEM AT THE ABOVE SITE WITH THE SPECIFICATIONS
AND CONDITIONS DESCRIBED HEREIN. THERE SHALL BE NO DEVIATION FROM THE SPECIFICATIONS UNLESS
AUTHORIZED BY THE SANITARIAN OR HIS AGENT IN WRITING.

DATE ISSUED: _____ THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

Sanitarian Approval: _____
Carol L. Speer, R.S.